09618741

-			_ Subsur	ute for Form P	10-0/5	 -			1 (CI X)	/
L	CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY		. OR	OTHER THAN SMALL ENTITY	
FOR		. NUMB	. NUMBER FILED		NUMBER EXTRA		FEE		RATE	L F
(37	IC FEE CFR 1.16(a))						1-	OR		
20.0	CFR 1.16(q)	291	.atrus 2			× 8=		OR	xis .	
	EPENDENT CLAS CFR (L16(b))	W 1/2	minus :			× 2 •		OR	×	İ
MELT	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(5))							CR	+5_ •	
* If the difference in column 1 is less than item, enter "O" in column 2.						TOTAL		OR	TOTAL	
	C	LAIMS AS AM	ENDED	- PART II						
		(Column 1)		(Column 2)	(Column 3)	SMALL I	ENTITY	OR	OTHE SMALL	R THAN
OMENT A		CLAINS REMAINING APTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	100
75	Total car offer 1, which	57	Minus	- 57	· /	X 8=		OR	X 8 =	7
AMEN	Independent (37 CFR 1.14(b))	12	Minus	- 12		х ь		OR	x/	
¥	FIRST PRESENT	ATION OF MULTIPL	E 069610	DIT CLAIM (37 C	FR 1.18(cq)	+5		OR	1. /.	
	10.124					TOTAL ADD'L FEE		OR	TOTAL ADDI FEE	
L	10 1	(Calumn 1)		(Column 2)	(Calumn 3)					
ENT 8		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	AL TIC
S S	Total (१७ दम्म र महाक्र	. 51	Minus	<i>- 51</i>	· W	X 8=		O R	x 8 =	
1 111	independent profit using	18	Minus	- 12	1 · W	X 5=		QR	X 8	
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,18(4))					+		OR		
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
L	4161	(Cotumn 1)		(Calumn 2)	(Column 3)					
MENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	AE TIO
	Total (37 GFR 1.16(23)	10	Minus	62	• ,	X 8 •		OR	X 8=	<u> </u>
	independent (37 CFR 1.18(19)	13	Minus	-12		x 8 e		QR	x . 200	70
₹	FURST PRESENT	ATTON OF MULTIPU	E DEPEND	ENT CLAIM (37 C	FR 1.18(d))	+1		OR	+ =	
				•		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	20
	" if the "Highest I " If the "Highest I	olumn 1 is less tha Number Previously Jumber Previously Imber Previously	Peld For	IN THIS SPACE IN THIS SPACE	is less than 20, o	mter "20".	he appropriat	e box in c	xohuma 1.	
1	LLIED SANTHERSON LAF					ed to obtain or reti				

9/6/894/ ADDRESS. SEND TO: Commissioner for Petents, P.O. Box 1450, Alexandria, VA 22213-1450.

If you need essistance in completing the form, call 1-800-PTO-9199 and select option 2.